POSITION	INITIALS	ID NO.	DATE /
	JA-	· · · · · · · · · · · · · · · · · · ·	05130101
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	6/11/01
FORMALITY REVIEW	M18	asu	7/26/4
RESPONSE FORMALITY REVIEW	C/31	1091	6/24/07
	200		1-610-6

INDEX OF CLAIMS

~	Rejected		Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted 0 Objected									
Claim	Date	Claim	Date	Claim	Date				
Final Original		Final Original		Final					
1		51		101					
2 1		52		102					
3		53		103					
4		54		104	 				
5		55		105					
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		59		109	 - - - - -				
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14		64		114					
15		65		115					
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17		67		117					
18		68		118					
19		69		119					
20		70		120					
21		71		121					
22		72		122					
23		73		123					
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27	 	77 .		127	 				
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33		83		133					
34		84		134					
35		85		135					
36 1		86		136					
37		87		137	 				
38		88		138	 				
39		89		139					
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48	++++	98	- - - - - - 	148	┠╸╟╸╏╶╏╸╏				
49		99	 - - - - - - - - - - - - - - - - - - -	149	 				
50	 	100		150					
									

BEST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

0626-01

